
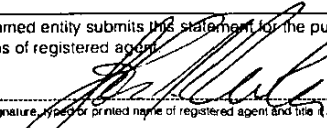
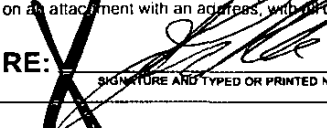


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 017 \*\*\*150.00

<b>DOCUMENT # P05000065670</b>					
1. Entity Name <b>INCREASE PROPERTIES, INC.</b>					
Principal Place of Business <b>6847 A NORTH 9TH AVE #316 PENSACOLA, FL 32504</b>			Mailing Address <b>6847 A NORTH 9TH AVE #316 PENSACOLA, FL 32504</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2757455</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWLIN, JOHN I 6847 A NORTH 9TH AVE #316 PENSACOLA, FL 32504</b>			7. Name and Address of New Registered Agent Name <u>Newlin, John</u> Street Address (P.O. Box Number is Not Acceptable) <u>705 E. Cervantes St. - B (207)</u> City <u>Pensacola</u> <b>FL</b> Zip Code <u>32501</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWLIN, JOHNATHAN M	NAME			
STREET ADDRESS	6847 A NORTH 9TH AVE #316	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWLIN, JOHN I	NAME			
STREET ADDRESS	6847 A NORTH 9TH AVE #316	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: 		Date <u>3/10/08</u>		Daytime Phone # <u>850-3841119</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					